

patients, should share common aims. The view of the practice of medicine as team-work may be common, the thought that it extends to social workers, psychiatrists, receptionists, patients and the community, less so. However, the idea that common aims should be developed if the responsibilities of respect are to be met is one that may seem particularly apposite in the light of recent discussions centring around the Cleveland child abuse cases.

The book is not only aimed at a wide readership, it is also accessible. It is divided into two parts. The first provides an introduction to the field of medical-ethical debate while developing the notion of respect and clarifying and examining the implications of what might be meant by 'a person'. Respect for autonomy, it is argued, requires an attitude of compassion and the imagination to see a situation from eyes other than one's own. Compassion is active and distinguished from pity. Personhood, it is argued, could be something humans move into and out of. Alternative views of personhood are also offered giving the reader other perspectives than the book's, and providing help in treating with respect patients from different backgrounds or cultures. More could have been made of this. A chapter on arguments is provided at the end of the first section. This seems particularly useful. Much of normal life, let alone the medical life with its particular demands and dilemmas, requires capacities to analyse and weigh up arguments.

The second part deals with the practical issues and dilemmas of modern medicine and uses the skills and conclusions of the first. Here discussion, of abortion, for example, is situated in relation to discussion of contraception, artificial insemination, *in vitro* fertilisation, surplus embryos and surrogacy. A chapter on death and dying deals with questions of resuscitation, euthanasia, suicide, terminal diseases and the hospice movement. Topically, issues of community health, inequalities in health care, economics and limited resources are also discussed.

*Healthy Respect* is easy to follow and well designed for use by a lecturer with a group of students, as well as individuals. There are summaries of each chapter in the first part, and in the second part there are a series of questions and exercises which would help either an individual reader, or a group of students, to clarify their thinking on particular issues. References for further

reading of various types are also given.

The bibliography includes some novels and poems, the thought being that such literature may throw up moral questions and questions about society. One could add that reading books may help that imaginative function necessary for respect – seeing from another's point of view. *Healthy Respect* deserves a wide audience and given its suitability as a teaching aid it should get one.

SARAH HADDON FURNESS  
*Lecturer in Philosophy, and Journalist,*  
*University of Essex*

## Human Rights: from Rhetoric to Reality

Tom Campbell, David Goldberg, Sheila McLean, Tom Mullen, editors, 262 pages, Oxford and New York, £27.50 hardcover, £9.95 paperback, Basil Blackwell, 1986

John Stuart Mill wrote 'the only freedom which deserves the name is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it. Each is the proper guardian of his own health, whether bodily, or mental and spiritual'. This rhetoric of rights is taken up by the international declarations and treaties on human rights. Although English law does not talk in terms of rights, individuals, whether they are patients, trade unionists or protesters, inevitably revert to such language. These eleven essays examine, in various subject areas, the problems which arise in translating the ideas expressed in human rights into specific practical requirements. The image of human rights is, as Tom Campbell points out, 'morally compelling and attractively uncompromising'; practicality, the rights of others, restraints on the public purse and not least public opinion do, however, require compromise and each of the essays explores the reality or validity of a claimed right.

The International Bill of Rights divides rights, for the purposes, in the main, of implementation, into economic, social and cultural rights on one hand, and civil and political on the other. Any attempt to characterise a right as one or the other soon brings the realisation that this division is artificial and that, even in rhetorical terms,

rights are culled from the varieties laid down in the international texts. Rights in the medical field, and three of the essays are devoted to these, seem to centre around an individual's 'right' to self-determination. Sheila McLean examines 'the right to reproduce' and 'the right to consent to medical treatment'. Each of these raises, in its positive aspect, the position of the individual in the society of others and in the context of public expenditure; more fascinating, perhaps, is her enquiry into the negative points – the right not to reproduce and the right to refuse consent to medical treatment. It is important to distinguish the components of consent so that the patient may refuse if he or she feels that there are other factors which seem more important. Tom Campbell's second essay, on the rights of the mentally ill, points out that freedom of individuality includes the right to eccentric behaviour which presumably will extend to those with mental illness.

Other essays deal (*inter alia*) with such topics as women's rights and those to membership of trade unions and to public assembly and procession. The immense problem of deducing reality in the case of each of these rights can be seen. The reality of rights depends on social, financial and political circumstances at any given time in any given country. While the rhetorical force of human rights is of 'uncertain practical significance', and needs 'supplementation by more specific and informative formulations of policy objectives' this group of thought-provoking and attractive essays makes a sensitive exploration into many of these troublesome questions.

RALPH BEDDARD  
*Senior Lecturer, Faculty of Law,*  
*University of Southampton*

## A History and Theory of Informed Consent

R Faden, T L Beauchamp, 392 pages, Oxford, £27.50, Oxford University Press, 1986

The agenda for this book is both considerable and well handled. The history of informed consent is set out in rich detail as it figures in medical writings, legal theory and case law. The complex relations between the battery model and the autonomy model are carefully described.

The authors do however make the claim that the strand of autonomy was

not really in evidence until 1957 even though they quote George Gay (1911) as writing 'everyone knows it to be a well-established fact that a person in his right mind has a right to decide as to whether any operation shall be performed upon himself' (page 83). In the face of this kind of remark an argument from silence loses some of its force. They discuss the complex issues in research ethics and the need for compromise, particularly where deception forms part of the methodology. Federal policy and the triumph of autonomy occupy a rather laboured chapter which is followed by a rich and detailed philosophical exploration of consent.

They develop a helpful analysis in terms of intentionality, understanding and control followed by three well-illustrated chapters on consent in practice.

The authors draw a careful distinction between substantially autonomous consent and (legally/socially) effective consent and give an insightful analysis of competence to give consent as a multifactorial ability.

A substantial chapter on substantial understanding heralds the way for a weighted view of autonomous consent, sprinkled with useful suggestions about communication and its difficulties. Their final remarks place emphasis on the need for reason-giving explanation so that the patient is enabled to give intelligent authorisation for any therapy.

For the average doctor this would be a daunting tome, even though the clarity, insight and incisiveness of much of the discussion are qualities much beloved by surgeons. One could say that this 'cloud of scholarship' needs to be distilled into a 'drop' of ethical wisdom.

GRANT GILLET  
*Fellow in Philosophy,  
Magdalen College,  
Oxford*

## Applied Ethics

Peter Singer, editor, 254 pages, Oxford, £15, Oxford University Press, 1986

Suppose you have two patients, one who needs a new kidney and one who needs a new heart. Both are urgent requirements but donors cannot be found. Do you face a pressing moral dilemma? Do you think it would be a good idea to kill one of your healthy patients and thereby save two lives for the price of one? If you do, then one of the writers in this collection, John Harris, has something to tell you: there

is no compelling moral theory which would indicate that you should not. In case you have any misplaced squeamishness about bumping off the unsuspecting lad who has just dropped by for his father's sick-note, Harris will spare your feelings. The donor would be chosen by lottery so that no one could complain that the procedure was unfair or arbitrary. Of course, the idea may never have crossed your mind, so perhaps we should just move on.

Did you know that since a newborn baby has no sense of self – and we all know what that means – there is no moral difference between killing it and killing a kitten. At least, not if the baby is under a week old. Michael Tooley says so. Sadly, the age of the kitten is not specified. However, it should be noted that this conclusion applies to all babies, not only to the irremediably impaired or suffering. It is a somewhat Draconian remedy for over-population.

James Rachels is a little more realistic. His problem concerns the terminally-ill patient in acute pain. Rachels knows you must comply with the law, but, really doctor, only your muddled upbringing could lead you to think that there is any relevant moral distinction between killing and letting die.

These articles on medical ethics, like most in the collection, were written in the early 1970s or before. It shows. Mercifully, the thinking on such topics has matured since then. It is beginning to be understood that to do applied ethics it is necessary for philosophers to see themselves as participants in the moral dramas and not as mere observers. Participants do not start with an abstract problem but with one which arises in an existing network of relationships which themselves have moral significance. It is no longer considered acceptable to conduct discussions about killing and letting die or about abortion and infanticide without recognising that these involve agents, people who may or may not do these things. The question is not whether there is a moral difference between killing and letting die, but whether there is a difference between you killing me and you letting me die. Harris's, Rachels's and Tooley's enquirers, whoever else they may be, are clearly not doctors. There is no acknowledgement in these writings that at the heart of the cases lies a doctor/patient relationship which would make survival lotteries a nonsense and the extermination of babies a non-starter.

Only Judith Jarvis Thomson, in her already well-known article on abortion,

shows any sensitivity on this point. She tells us that who you are makes a difference to what you may do, a simple but crucial thought. We know it to be true in many areas of our lives. There are things I may not say to my children because I am their mother; things you may not say to them because you are not. If you are my doctor then you cannot also be my executioner; if you are to assist me to commit euthanasia then it is not just linguistic nicety which requires that we discover whether we can distinguish this kind of killing from others and that we do so in the context of a relationship which is founded on trust. There seems little point in re-publishing articles such as these, which are so out-dated and which have been so thoroughly discussed, unless it is to provide a stern reminder to students of how not to tackle the serious problems in medical ethics.

JUDITH HUGHES  
*University of Newcastle upon Tyne*

## On Moral Medicine: Theological Perspectives in Medical Ethics

Stephen E Lammers and Allen Verhey, editors, 667 pages, Michigan USA, \$24.95, William B Eerdmans Publishing Co, 1987.

Between conception and death moral questions crop up. Some – about conception and death themselves, for instance – touch on medical practice. Such questions may be discussed with or without reference to God. This book favours the former approach. That raises further questions. The sub-title is a little too broad, since not all theology is Christian. While there is some reference in this reader to Jewish traditions (for example, in Gradwohl's piece on *A Jewish Approach to the Issue of 'Experiments with Man'*), one looks in vain for signs of other traditions from the same continent, such as Islamic or Hindu.

The perspective of these reprinted pieces is, then, predominantly Christian. Within that, they appear to be mainly Protestant. While Roman Catholic teaching is represented, it hardly dominates the collection and the juxtaposition of articles may be significant. *Humanae Vitae*, Pope Paul VI's encyclical on human life, with what some will think its brutally clear proscription of 'the direct interruption